Your Your Your ATLA Attor Repro Resp Your Your Your Attor	Address: City, State, Zip Code: Telephone Number: AS Number (if applicable): ney's Bar Number (if applicable): esenting Self (Without a Lawye ondent's Name: Address: City, State, Zip Code: Telephone Number: ney's Bar Number (if applicable):	r) orAttorney for Respondent	
		RIOR COURT OF ARIZONA MARICOPA COUNTY	
Name	e of Petitioner,	Case Number: ORDER MODIFYING PARENTING TIME (formerly known as "VISITATION") or	
Name	e of Respondent.	☐ PARENTING TIME AND CHILD SUPPORT	
THE 1. 2.		ourt for a final Order based upon the agreement of the parties. Ige parenting time and/or support, and has jurisdiction over the parties.	
	Where it has the legal power to do	o so and where it is applicable to the facts of this case, this court has Orders relating to parenting time and/or support.	
3.	This Order applies to the following child(ren).		
	NAME OF CHILD(REN)	BIRTH DATE(s)/SOCIAL SECURITY NUMBER(s)	
4.		IG PARENTING TIME and/or Child Support. Based upon the e best interest of the child(ren) to change parenting time and/or child	
THE 1.	COURT ORDERS: The Order regarding parenting time	ne and support dated is changed as follows:	

Α.	PARENTING TIME is changed pursuant to the attached Parenting Plan.			
B.	of \$per month payable on the first day of each month, beginning the first day the month following the signing of this Order. Child support is based on Exhibit 1 (Child Support Worksheet/Short Version) attached hereto and incorporated by reference. All child support payments shall be made through the Clerk of the Superior Court/Clearinghouse, plus an applicable statutory fee by Order of Assignment, attached as Exhibit 2.			
	☐ CHILD SUPPORT DEVIATION. The court, having considered the best interests of the child(ren), deviates from the guidelines for the following reasons. (Describe reasons.)			
C.	 MEDICAL AND DENTAL INSURANCE, PAYMENTS AND EXPENSES. ☐ Mother or ☐ Father is ordered to provide medical and dental insurance for the minor child(ren). All uninsured medical and dental expenses shall be paid as follows:% by Mother, and the remaining percentage by Father. 			
D.	• MEDIATION. If Mother and Father cannot agree to custody, parenting time, and/or support, the parties are required to seek a private mediator, or court-provided mediator before starting any court actions.			
Ε.	. OTHER ORDERS. This court makes further Orders relating to this matter as follows:			
DOI	NE IN OPEN COURT:			

ORDER REGARDING PARENTING TIME and/or SUPPORT

State of Arizona) County of Maricopa)ss.	
SIGNATURE BY PETITIONER AND RESP accompanying it is true and correct.	PONDENT . Everything stated by me in this Order and the documents
Petitioner's Signature	Respondent's Signature
Subscribed and sworn to before me on	by Petitioner. (month, day, year)
My commission expires:	Notary Public
Subscribed and sworn to before me on	by Respondent. (month, day, year)
My commission expires:	Notary Public
Approved as to form and content by the pa	rties' lawyers (if applicable):
Petitioner's Lawyer:	
Respondent's Lawyer:	
Attorney General Signature:	